

ANNUAL REPORT 1985-86

Alcoholism and Drug

ADDICTION RESEARCH FOUNDATION



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LETTER OF TRANSMITTAL

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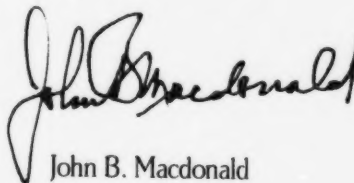
THE HONOURABLE MURRAY ELSTON

MINISTER OF HEALTH

PROVINCE OF ONTARIO

The Alcoholism and Drug Addiction Research Foundation, of which I have the honour to be chairman, is pleased to submit through you to the Members of the Provincial Legislature this report on the Foundation's activities in the year ending March 31, 1986.

Respectfully yours,

A handwritten signature in dark ink, appearing to read "John B. Macdonald". The signature is fluid and cursive, with the first name "John" and last name "Macdonald" clearly distinguishable.

John B. Macdonald
Chairman
Alcoholism and Drug
Addiction Research Foundation

September 30, 1986



Alcoholism and Drug

ADDICTION RESEARCH FOUNDATION



ANNUAL REPORT
1985-1986

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COMMENT FROM THE PRESIDENT

The role of the Addiction Research Foundation is to serve the people of Ontario by researching alcoholism and other drug abuse, by treating people who suffer with these problems, and by sharing information about treatment and prevention.

These responsibilities have remained firm for 21 years, yet the Foundation continues to evolve. Although our mandate has not changed, the way we work to fulfil that mandate has.

The year 1985–86 marked the beginning of a new era.

We thought anew about the benefits we want to bring to the people of Ontario, and we framed a new set of goals — commitments that will shape our work for the rest of this century.

New commitments

Behind our new thinking was the need to make tough decisions about priorities.

More important, we wanted to define our direction more in terms of end results — to focus on our work, but even more on the people for whom we do our work.

Increasingly, our thinking has been moving in this direction; now, it is formally reflected in our new goals:

- We are committed to achieving a better understanding of the hazardous use of alcohol, tobacco, and other addictive drugs, and the damage that results. This understanding is essential to progress in treatment and prevention.

- We are committed to developing and demonstrating better ways to identify, treat, and rehabilitate people harmed by addictive drugs, and to sharing these methods with health, social service, and addiction professionals, so that better services will be available to people in need across Ontario.
- We are committed to developing and making more available in Ontario better programs and services to prevent or reduce the hazardous use of alcohol and other drugs, and the damage that results.
- We are committed to informing and influencing public attitudes, to ensure that health and safety concerns relating to alcohol and other drugs are given appropriate consideration, both by individuals and by public policy makers.

Measuring and monitoring

While the new goals present us with new challenges, one challenge — that of measuring our success — is not new. It has always been part of our work.

In some cases, measurement is straightforward; in others, it is not.

We can measure how much a grade 7 child has learned in the classroom about the effects of alcohol. But it will be decades before we know how those early lessons will affect her drinking behavior as an adult.

We have shown that the number of students in Ontario schools who use drugs has recently declined — a

dramatic turnaround in the trend of the past few years.

While the decline is not necessarily the start of a long-term trend, it is a good indication that our work — directly, with school boards and schools, and indirectly, through other groups and organizations — is having a positive effect.

Formal methods of tracking our progress include research audits every five years by an international panel of addictions experts and internal reviews by our Professional Advisory Board. A Quality Assurance Committee assesses treatment services in our Clinical Institute.

Our overall contributions to the province are reviewed periodically by the Ontario Legislature's Standing Committee on Procedural Affairs.

Perhaps the most rewarding indicators of impact are spontaneous letters from users of our services, and from former patients — and their spouses, children, colleagues, employers, and even employees.

Wrote one former client: "The Foundation is a remarkable facility, and you and your colleagues deserve to be very proud. The work that you do is life-saving."

A background resource

Very often, the Foundation operates in the background. For example, we work closely with mayors' committees, police forces, and citizens' groups across the province to tackle the problems of drinking and driving.

We work extensively with management and labor in both private and public sectors to develop forward-

thinking health and safety programs for employees.

And we work with school boards, health education consultants, and teachers to develop policies, curricula, and teacher training events.

In treatment, we work with a wide range of professionals and community groups to ensure that high-quality treatment is accessible across Ontario.

We also play an important role in helping to shape public policy.

Science alone does not dictate policy, but our "best advice" on specific alcohol and other drug issues frequently serves to clarify and illuminate thinking on those issues.

The resulting programs and policies are not "owned" by the Foundation; they move forward under the banners of other groups, organizations, and institutions. But they are shaped through consultation, and often collaboration, with the Foundation.

Changing needs, changing services

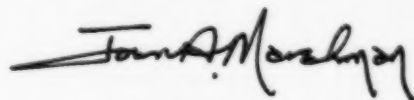
The Foundation is very aware of its continuing responsibility to respond to people's changing needs.

Demands for education and training have grown, so we have expanded our "distance education" programs and services for people in the province who cannot travel to large urban centres.

As the needs of other language groups have become apparent, we

have expanded our range of educational materials — in French particularly, but also in Italian, Spanish, and Portuguese.

Indeed, as Ontario moves into its future, so, too, do we at the Foundation — forging our new commitments to the province and to its people: improved knowledge; better, more accessible treatment and prevention services; and encouragement and support of attitudes, lifestyles, and public policies that recognize the health and safety interests of those we serve — the individuals, the families, and the communities of Ontario.



Joan A. Marshman

THE FOUNDATION

The Alcoholism Research Foundation was established by the Ontario government in 1949. Initially, it was set up to conduct research in alcoholism and to establish and operate a hospital for experimentation in methods of treating alcoholics.

In 1961, when research in and treatment of other addictive substances was added to the mandate, its name was changed to the Alcoholism and Drug Addiction Research Foundation (ARF).

The Act governing the Foundation sets out the broad mandate:

- to conduct and promote research in alcoholism and other addictions;
- to conduct programs for, as well as experimentation in, methods of treatment and rehabilitation of alcoholics and other addicts;
- to disseminate information about alcoholism and other addictions, focusing on public education and prevention.

Although the mandate is broad, in practice the programs of the Foundation are constrained by the limit of

its resources. Nevertheless, the Foundation has addressed each of the objectives set forth in the Act. It has been a centre for research, an organization providing treatment services, an advocate and facilitator of better treatment, an educational institution, a proponent of prevention, and an adviser of governments and communities.

The effectiveness of the Foundation's service to the people of Ontario depends on the integration of all the elements of the mandate: research, treatment, prevention, the dissemination of information. For example, treatment and information rely on research; research responds to issues emerging from treatment; prevention depends on research and the dissemination of information; and so on.

The Foundation fulfils its mandate by specific programs carried out by ARF staff. In the next section of this annual report, summaries are given of many of the programs that ARF staff worked on during the 1985-86 year.

Structurally, the various programs of the Foundation are carried out through five ARF divisions: the Clinical Institute, Social and Biological Studies, Education Resources, the School for Addiction Studies, and Community Services (formerly Regional Programs). These divisions are described in a later section of this report.

Further information on the divisions — or on any aspect of their work — may be obtained from any of the Foundation's offices. A listing of these offices can also be found in a later section of this annual report.

PROGRAMS: A MANDATE FOR SERVICE

The following Foundation programs have been grouped under four main headings, corresponding to the Foundation's major commitments: research, treatment, prevention, and information services. Many of the programs address more than one commitment area, but are necessarily included under only one.



RESEARCH

ARF seminar examines alcohol and the elderly

In recent years, there has been growing interest in the health-care needs of the elderly; and as part of that interest, there has been mounting concern over alcohol-related problems among the elderly.

In spite of the concern, not much research on the subject of alcohol and the elderly has been undertaken. In response to this lack, in October last year, ARF held a seminar for scientists to review what little research there is; to identify key areas where more is required; and to stimulate activity that would lead to new research being undertaken.

The seminar covered the biology of the aging process; some of the special concerns in treating the elderly for alcohol problems; and the difficulties of detecting and measuring how extensive alcohol problems among the elderly really are.

On this last issue, the seminar concluded that most surveys examining alcohol problems do so in a way that is not relevant to the elderly. Such surveys often ask about problems in the workplace caused by alcohol — yet the elderly are no longer in the workforce. They also ask about driving problems associated with alcohol — but many of the elderly do not drive.

The seminar served to make scientists more aware of alcohol problems among the elderly — and of the need for more focused research.

Major research development may lead to new treatment of alcoholic patients

In 1985–86, ARF made a major research advance that could lead to the development of a new method of treating alcoholics by means of immunization.

ARF researchers became the first in the world to show that animals that consume large quantities of alcohol develop antibodies in their blood. These antibodies recognize chemicals that are formed during the breakdown of the alcohol the animals have consumed.

The antibodies can have one of two reactions. Either they can search and destroy the foreign chemicals they recognize, or they can generate an allergic reaction.

ARF researchers are now trying to develop the antibodies that generate the allergic reaction. The objective is to be able to induce a reaction similar to the one generated by disulfiram (Antabuse®), the drug that is now often used to treat alcohol dependence.

Major drawbacks of disulfiram are its relatively short period of effectiveness, and the tendency of patients to stop taking their medication. Immunization, by contrast, would likely last for periods of up to several months.

This important and promising line of investigation will continue over the next months and years.

Research helps identify patients who need psychiatric treatment

One of the questions that ARF researchers have been tackling is whether there is a link between alcoholism and mental disorder — and if so, what kind of link it is.

Specifically, ARF has been examining the patients treated at its Clinical Institute to see what kind of mental disorders — if any — are exhibited by those patients.

In addition, it has been studying the patterns of mental disorder exhibited by male and female patients respectively. It is generally accepted that differences in male/female patterns occur in the population at large; the question is, do such differences also occur among patients with drug- and alcohol-abuse problems?

As far as the Foundation is aware, this question has never before been examined.

In a third part of its research, the Foundation has been checking a screening test, widely used within the general population to detect mental disorder, to see if it will also work with patients being treated for drug and alcohol abuse.

The purpose of the research is to find some way of detecting those patients who need to be offered psychiatric assistance, as well as treatment for the alcohol or drug abuse.

If some effective way can be found, then clearly the quality of overall treatment can be greatly improved for such patients.

Animal model to reflect addictions in humans

One of the challenges that face addictions researchers is the need to develop an animal model that accurately reflects alcohol addiction in humans. Such a model would allow treatment methods to be tested in the laboratory.

The main flaw with existing models is that animals will not voluntarily ingest amounts of alcohol equivalent to those consumed by humans; nor will they ingest it under the right conditions.

ARF researchers, however, have been working towards the development of a model that overcomes these problems. They are now in the process of testing it for accuracy.

In a series of experiments conducted last year, they induced two different strains of rat to ingest alcohol. One of the strains had been genetically selected to like alcohol; the other had been genetically selected to avoid alcohol.

As expected, the strain that had been selected to like alcohol voluntarily consumed much larger amounts, reached high blood alcohol levels, and developed tolerance; the other strain did not.

This was confirmation that the animal model conforms to differences in genetic makeup, as human alcoholism does. It was therefore a further indication of the model's overall validity.

New instrument lets hospitals measure alcohol content

One problem hospital clinics often face is determining whether an unconscious patient has consumed alcohol. This information is needed to ascertain the most appropriate treatment, and usually it is needed immediately.

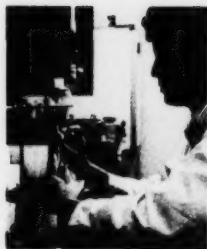
In 1985-86, ARF developed the "skinalyzer." The skinalyzer can,

within a period of 30 seconds, determine the amount of alcohol in a patient's body by measuring the amount of alcohol present in the air immediately above the patient's skin.

The instrument is sufficiently sensitive that it can detect alcohol in a patient's body in quantities as low as those deriving from a single drink. Also, the reading it gives is more than 90 per cent accurate.

This prototype of the skinalyzer determines the amount of alcohol in the body to 90% accuracy.





RESEARCH

Analysis of street drugs aids monitoring and treatment

One of the unique services that ARF provides the people of Ontario is the analysis of street drugs and other unknown substances that are submitted to it by physicians or by ARF regional offices.

ARF's analyses obviously help in treatment of users, since the physicians know precisely what they are

treating the users for. But analyses also serve as an early warning system that allows physicians (and other health professionals) to prepare for new trends and developments in the use of drugs at the street level.

Last year, a total of 245 samples were submitted to ARF for analysis. Of these, 168 were found to contain drugs; 70 contained no drugs; and seven remained unidentified.

The results of the analyses — plus comment on any trends that may be evident at the street level — are published in a quarterly newsletter, *ARF Street Drug Notes*, which is sent to all hospitals in the province, to physicians and other health professionals who request it, and to some social workers.

Drug Notes also contains abstracts of current papers relating to street drugs so that its readers can keep up to date on new developments.



ARF's Drug Analysis Laboratory analyzed and reported on 245 samples of street drugs and other substances during the year.

Researchers mapping brain to find links to addiction

For two years, ARF researchers have been working to determine which areas of the brain are involved in opiate addiction.

The thinking is that if the areas can be identified, then it should be possible to see how drugs of abuse acquire their addictive liability, and that knowledge in turn may lead to new methods of treatment.

So far, the researchers have examined five areas of the brain in rats. During tests, rats learn to press a lever in order to receive an infusion of drugs, delivered in solution through a surgically implanted catheter.

At the same time, the researchers block drug action at various sites in the brain so as to see which of those sites, if any, participate in drug effects.

The tests are continuing as more areas of the brain are mapped. Early indications are that more than one site in the brain is involved in opiate addiction.

Determining the factors that affect tolerance

It used to be thought that people developed tolerance toward alcohol and other addictive substances entirely from biochemical mechanisms.

However, this notion was found to be too simplistic, since it failed to take into account the fact that not all people become tolerant after taking the same amount of alcohol or drug.

The Foundation has therefore been conducting a series of research

studies to develop a better understanding of the factors that affect the development of tolerance to alcohol or other drugs.

The purpose of this research is to assist in treatment. Clearly, if a person's addiction can be affected by controllable factors other than the amount of alcohol or drug that he or she consumes, then new kinds of treatment programs can be developed that take advantage of those other controllable factors.

So far, four main factors have been found to affect tolerance:

- The need to perform an activity. Tolerance increases if an activity has to be performed while under the influence of alcohol or drugs. There is no sign of increased tolerance if the activity is performed before alcohol or drugs are consumed.
- The environment. Tolerance increases if a drug is taken repeatedly in the same environment. It shows much less increase if the drug is taken in a changed environment.
- The physical properties of the environment. As an example, changes in room temperature can alter tolerance to the effects of drugs on body temperature. In one series of experiments, rats that were given alcohol in a cold environment were found to develop a greater tolerance than did those who were given alcohol in a hot environment.
- Whether tolerance has previously been developed. If tolerance has already been developed but has then been lost, it can be acquired a second time much more rapidly than it was the first time.

Province-wide survey shows student drug use declining

The Foundation has been studying alcohol and drug use among Ontario students for more than 15 years. The studies were originally carried out in Metropolitan Toronto only, but since 1977 they have been conducted every two years right across the province.

In 1985, a total of 4,154 students (in grades 7, 9, 11, and 13) were surveyed in 193 schools across Ontario. Results of the survey showed that drug use among the students had undergone an unprecedented and dramatic decline.

Between 1983 (the previous survey year) and 1985, the use of eight of the 17 drugs covered by the survey showed declines that were statistically significant.

All of the other drugs, except cocaine, also showed declines, but those declines were not statistically significant.

Reported cocaine use among Ontario students has remained stable since the biennial surveys began in 1977.



TREATMENT

Seminar helps hospitals treat addictions problems

According to ARF's conservative estimates, some 20 per cent of all patients treated in Ontario's hospitals have alcohol or drug problems in addition to their other illnesses.

However, most hospitals in the province are unable to identify — or to deal effectively with — such patients.

To assist them, ARF last year organized a one-day seminar (co-sponsored by the University of Toronto) for hospital administrators, physicians, nurses, and social workers in Toronto.

The purpose was to help the hospitals become more aware of the problems associated with alcohol and drug abuse, and to encourage them to establish processes and procedures whereby patients with such problems could be offered effective treatment.

In addition, the seminar was designed to explore ways in which ARF might help the hospitals in tackling this problem.

A total of 122 people from 21 hospitals in and around Toronto attended the seminar. They were told that specially trained hospital staff can readily detect many alcohol and drug problems, and that medical management of such patients can be provided without major disruption to hospital systems.

Since the seminar was held, a number of important steps have been taken towards improving these patients' care. Three hospitals have

started work on major treatment proposals, and six others have requested help to establish education and training programs.

New place for young people with alcohol, drug problems

The Foundation has a long history of treating young people who abuse drugs, and has established considerable expertise in this area.

Recently, to improve the treatment it offers to young people, it spent several months reorganizing and coor-

dinating the related systems and services.

The new Youth Clinic, which will be officially opened later this year, will help people under the age of 25 and will have a youth-oriented staff.

Apart from offering treatment and aftercare services directly to young people, the clinic will involve their families too. New studies in this field have shown that family involvement in the treatment of young drug abusers produces better results.

A brochure has been designed to promote the new clinic. It will be sent to an extensive list of agencies and organizations throughout the province.

A new Youth Clinic has been established to treat drug-involved people under the age of 25.



New approach to treatment benefits alcoholics

Last year, ARF made significant progress in developing community-based treatment services for alcohol- and drug-dependent persons.

Prior to the development of such services, treatment was often based on an inpatient residential system in which alcoholics were treated as a group of people with similar problems, rather than as separate individuals with different problems.

Also, alcoholics were treated by a variety of health care agencies working in a relatively uncoordinated fashion.

Now, as a result of the changes, individual alcoholics have treatment programs specifically designed for them. The treatment is community-based and in most cases non-residential. And it is handled in a coordinated way.

The cornerstones of the new system are assessment, referral, and case management services provided at the community level throughout Ontario.

These services have been set up by community groups and agencies in cooperation with the Foundation, District Health Councils, and the Ministry of Health. Staff have been trained, and the effectiveness of the services is being evaluated by the Foundation.

Improvements to the new way alcoholics are treated are still being put in place. Among them: the provision of other community-based support services such as day treatment,

outpatient counselling, alternate living environments, detox services, and aftercare support. This approach has recently been reinforced by the release of the Ministry of Health's Addictions Services Policy, which encourages the development of community-based treatment services for alcoholics.

Patients are already benefiting from the new approach. In the past 12 months, more than 2,200 people in Western Ontario have been assessed, have had appropriate treatment programs developed for them, and have been referred to the appropriate health care agency.

ARF influences treatment of addictions worldwide

ARF has been involved in international training for almost 25 years. In 1977, when it was designated a World Health Organization collaborating centre, and in 1978, when the School for Addiction Studies was formed, its involvement in international training took major steps forward.

In 1985-86, ARF provided technical consultation and teaching support for the Caribbean Institute on Alcoholism and Other Drug Problems by offering training programs in the Virgin Islands, Trinidad, and Grenada. The annual program in the Virgin Islands — supported in part by the Canadian International Development Agency (CIDA) — has now

trained more than 700 professionals across the Caribbean region.

ARF personnel also provided consultation services to the government of Thailand on behalf of the United Nations Fund for Drug Abuse Control. ARF will soon be assisting the training of Thai professionals who will carry out various treatment projects there.

In addition, ARF and the International Council for Alcohol Abuse (ICAA) completed a follow-up survey to evaluate the effectiveness of a training project they have conducted with the University of Benin in Nigeria since 1981. Major funding for the Nigerian project was provided by CIDA and the UN Fund for Drug Abuse Control. The project — which has so far trained 300 professionals — has now been expanded to include professionals from other West African countries.

The follow-up survey indicated that the project in Nigeria has increased awareness of drug problems there and has stimulated the development of prevention and treatment services.



TREATMENT

Project Turnabout funded on a permanent basis

Two years ago, ARF initiated a pilot program called Project Turnabout, which allowed nurses with drug and/or alcohol problems to get the help they needed outside the workplace.

To enter the program, a nurse could call a Project Turnabout telephone number and arrange an appointment with a specially trained primary nurse.

A treatment plan was then drawn up specifically for that nurse. As the nurse went through the treatment process, contact with ARF was maintained. ARF also provided a period of follow-up assistance.

Last year, the pilot project was taken over — and funded on a permanent basis — by the four main nursing organizations in Ontario.

The ARF pilot project had clearly shown the need for such a program. Furthermore, it had demonstrated that the approach to treatment that ARF had taken was an effective one.

Altogether, some 120 nurses passed through the pilot project. Monitoring of their progress six months after they joined the program showed that the majority were still in contact with ARF; were still employed (or had been reemployed); and were no longer using drugs or alcohol in a problematic way.

In addition, ARF has worked with most of the major hospitals in Toronto and across the province, helping them treat nurses who have drug or alcohol problems.

Summer school program expanded to offer package of courses

The Foundation's summer education program was set up to make it easier for people outside Toronto to take advantage of its addictions-related courses.

Many people who attend the summer school — teachers, government agency personnel, probation officers, corporate EAP program coordinators — can do so because of summer lulls in their own activities, or because of their longer summer holiday break.

The Foundation has increased the number of courses offered at its summer school and extended the school's duration from one week to two.

The long-established Fundamental Concepts Course is now followed by two programs — Basic Counselling Skills and Health Promotion Skills.

Plans have been made to add a fourth course — Clinical Issues in Substance Abuse Nursing — to the 1986-87 summer school program, and to extend the session to three weeks.

New detox centre opened in Toronto

In 1985-86, ARF opened a new non-medical detoxication centre on Queen Street in Toronto, replacing the one that it used to operate on Dundas Street.

The new facility — like the old one — contains 20 beds (14 for men and six for women) — but provides

improved intake and admission facilities, more lounge and bedroom space, and greater privacy for residents. Also, the facilities for women have been expanded to include a separate access, visiting area and television lounge.

As a result, patient care is considerably improved.

People may stay at the detox centre for up to one week. During their stay, they are offered counselling and support, as well as supervision during the detoxication process.

They are then encouraged to seek further treatment at the Clinical Institute or in other appropriate programs.



This new facility on Queen Street in Toronto provides detoxication and referral services for both men and women.

Emergency toxicology services offered to all Ontario hospitals

Nearly every hospital in Ontario needs to be able to screen certain of its patients for any drugs they may have consumed. And in its emergency department, it needs to be able to do so at very short notice and at any time of the day or night.

However, it is not possible for every hospital in the province to have its own screening system: the high costs and the duplication of services cannot be justified.

In response to this area of need, ARF maintains an emergency toxicology service, which screens for drugs on behalf of the hospital emergency departments.

Any hospital in Ontario can send a blood and/or urine sample to ARF and have the sample screened for the presence of up to about 75 drugs. No other facility in Ontario offers this service, and no other facility in Canada or the United States offers it on such a scale.

The service is available 24 hours a day and seven days a week. Some 40 to 45 samples are analysed by the service every 24 hours, and the results telephoned to the hospitals within two to three hours.

In a separate area, ARF also shares its biochemistry and hematology resources with the Clarke Institute of Psychiatry. ARF now meets all of the chemistry and hematology requirements of the Clarke.

Training videotapes offer help in treatment processes

In 1985-86, ARF (in cooperation with Health and Welfare Canada) produced a video — called *Play Your Hand* — that is designed to help managers deal with employees who have drug or alcohol problems.

The video shows how a number of employees respond to a variety of personal problems in different ways, and it encourages those who turn to alcohol and other drugs to seek assistance and treatment.

The video — primarily aimed at managers and unions — is available in English or French.

A second video — also produced in 1985-86 — is called *Alcohol Withdrawal Syndrome*. It outlines the scope of the problems associated with alcohol withdrawal syndrome and then shows how those problems can best be treated.

It is aimed at physicians, nurses, detoxication workers, and other health professionals.

Professionals trained to cope with addictions problems

One of the objectives of the Foundation is to ensure that professionals within the general health-care and social services system know how to identify and deal with drug and alcohol problems.

To achieve this, ARF personnel work directly with health-care workers in Ontario's communities, designing and providing educational and

training programs that cover every aspect of dealing with addictions.

As an example, Foundation staff in ARF's Durham region this year offered a series of seminars and workshops to the 60 nurses in Durham's public health unit. Among the topics covered were lifestyle assessment methods for alcohol and drug abusers, how to motivate clients to undertake treatment for their addictions, and how to carry out initial screening procedures for addictions problems.

ARF personnel also assisted 50 social workers in the Welfare Department of Durham's Social Services Agency, giving them seminars on street drugs and the use of prescription psychotropic drugs.

The 50 social workers are responsible for handling about 12,000 cases each year, many of which involve addictions-related problems.

Elsewhere in the province — in the Ottawa-Carleton area — one of the year's key programs was directed towards francophone social workers. Its purpose was to help the social workers motivate their clients to undertake treatment for addictions problems.

The program was part of an ongoing effort to help francophone social workers upgrade their addictions skills, including those related to case identification.



PREVENTION

Videos warn children of addiction dangers

One of ARF's functions is to help educate children of school age about the use and abuse of alcohol and other drugs. To that end, it has developed a series of six video teaching packages that are distributed within the Ontario school system.

All the packages are offered with teacher's guides and other print materials, and are available in both English and French.

Three of the six packages — one on tobacco and two on alcohol — were produced in 1984-85. This year, they continued to be distributed to Ontario schools, and they were broadcast repeatedly on TVOntario.

It is not possible to tell how many people have seen the three videos, but as an indication, some 3,000 copies of each of the kits on alcohol have been circulated within the provincial school system.

Also in 1985-86, the other three video packages in the series were produced. They cover marijuana, inhalants, and household chemicals and medicines, and will be distributed to Ontario schools later this year.

In addition, during 1985-86, ARF produced a number of other videos aimed at children. Among them:

- *Cannabis and You* (available in English and French). This video — aimed at 12-to-16-year-olds — deals with the health and legal consequences of using cannabis. It will be distributed to schools in Ontario, and will also be made available to

parents, teachers, and social workers in the province.

- *Just for a Few Drinks*. This video package — an adaptation, made with the cooperation of the Metropolitan Toronto Police, of a play produced by Trinity Theatre Toronto — will also be offered to schools in Ontario, as well as to driver training schools. It too is aimed at children in the 12-to-16 age group.

Police and public enthusiastic about sober driver program

Most of the efforts to draw attention to the subject of drinking and driving have focused on the negative aspects of the issue and on punishing offenders. This year, ARF turned this approach around and decided to test a new angle — one that reinforces positive behavior and that concentrates not just on stopping drinking drivers, but also on rewarding sober ones.

The ARF office in Sudbury, in cooperation with the community services division of the Sudbury Regional Police Department, launched the first ever sober-driver spot-check program.

Since September 1985, police in the area conducting roadside spot checks for drunken drivers have been able to offer a special reward to the sober ones they stop.

Courtesy of ARF, and with the financial sponsorship of the local IGA stores and the Canadian Automobile

Association, sober drivers are given a small plastic folder (suitable for holding a driving licence) with a sober driving message printed on it.

Positive responses by the public and the police — plus wide support from local radio and TV — have made the program into a major public-awareness success story.

Police no longer feel that drinking/driving spot-check duty is a negative task and one of the worst they are asked to do. And members of the public now have reason to feel good about being stopped and being sober.

In fact, the ARF folders that sober drivers are given have become something of a collector's item — so much so that some teenagers in the area have been known to drive around looking for police spot checks.

The sober driving program was scheduled to end in September (it was set up as a pilot program and will be assessed then). However, the police department has already said the program will be continued.

Inquiries from other communities across the province mean that this new, positive approach to the drinking and driving problem may soon be used in other areas.

Program to reduce impaired driving and intoxication

In 1985-86, ARF developed a server intervention program designed to reduce the number of patrons in licensed establishments who later drive while impaired or who are served alcohol to the point of intoxication.

The program — consisting of three manuals and a videotape — is aimed at two groups: those with direct contact with patrons (waiters, waitresses, bouncers, and bartenders) and the owners and managers of licensed establishments.

The first manual — for the front-line servers — has five main sections, covering alcohol and the law, facts about alcohol, preventing intoxication, managing patrons who do become intoxicated, and in-house policies that help prevent intoxication.

The second manual — for owners and managers — covers the same five topics, but it puts more emphasis on alcohol and the law (stressing the legal risks that owners and managers face if they serve people to the point of intoxication) and on in-house policies (which are set by owners and managers).

The third manual is a trainer's guide, aimed at the people who organize and run training sessions for serv-

ers, owners, and managers. The training sessions normally run for about 4½ hours. The video, which also stresses alcohol and the law, is part of these sessions.

The server intervention program — formally endorsed by the Ministry of Consumer and Commercial Relations and by the Liquor Licensing Board of Ontario — will go into effect in the fall of 1986.

Its impact will be carefully monitored to determine its overall effectiveness. Results from similar programs in the United States suggest that the ARF program will play an important role in preventing impaired driving and intoxication.



Representatives from ARF and the Scarborough Board of Education collaborated to organize this mock drinking/driving trial for high school students, sponsored by the Scarborough Committee on the Effects of Drinking and Driving.



PREVENTION

Campus alcohol programs proven to be effective

In 1984, ARF helped introduce Ontario's first Campus Alcohol Policies and Education (CAPE) program at the University of Western Ontario. Today, similar programs are in place at most universities in the province and at some community colleges.

In 1985-86, the Foundation — which developed (as well as helped implement) the programs — completed a research study that supports their effectiveness.

CAPE programs are aimed primarily at incoming first-year university students. Their objective is to encourage the students to maintain attitudes and drinking practices that have little association with problems.

A typical CAPE program has two components. The first is an educational campaign directed at students before and after they arrive on campus.

The second component concentrates on encouraging the university to place limitations on the availability of alcohol to students. This could, for example, mean selling non-alcoholic drinks, charging less for low-alcohol beer, and ensuring that food is sold wherever alcohol can be consumed.

An assessment of the effectiveness of the program at the University of Western Ontario — completed last February — shows that the program successfully met its objectives.

In general, students at Western who had been exposed to the program drank less alcohol and had more healthful attitudes than did students

surveyed at a university where the program was not implemented. Also, the students at Western knew more about the appropriate use of alcohol, and how to avoid alcohol problems.

Native theatre production staged in 19 locations

Jukebox Lady is a two-act play that tells the story of an Indian woman's road to alcoholism. It carries an educational message for the native peoples of northern Ontario. So far, it has been seen by more than 2,000 people.

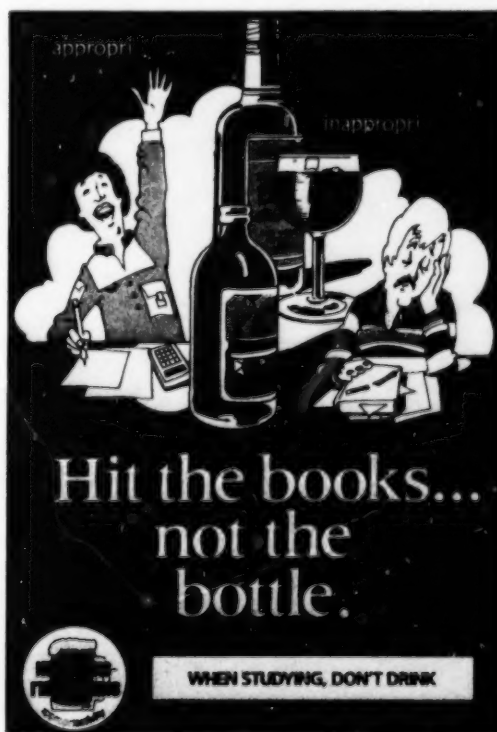
The idea of *Jukebox Lady* — the first native theatre production on addictions — was conceived by the

Sudbury office of ARF and co-developed with the N'Swakamok Native Friendship Centre.

In an effort to be more creative in offering programs to native people, ARF staff adopted the use of theatre as a means of encouraging self-reflection to prevent the increase of alcohol problems.

With the help of a grant from Health and Welfare Canada, *Jukebox Lady* was written, produced, and staged on 16 Indian reserves across northern Ontario. It was also performed three times in Sudbury.

The play has been highly rated by its audiences. ARF is now examining the possibility of presenting it on other native reserves.



One of the posters from the educational component of the Campus Alcohol Policies and Education program.

New employee programs stress prevention as well as treatment

Since Employee Assistance Programs (EAPs) were introduced in Ontario, they have helped literally thousands of employees tackle drug- and alcohol-related problems.

However, they necessarily focus on those employees who are identified (or who identify themselves) as already having problems associated with alcohol and/or drug abuse. They do not reach employees who may later develop such problems.

In other words, they are primarily treatment-oriented, rather than prevention-oriented.

In contrast, Health Promotion Programs (HPPs) — which emphasize such positive factors as fitness, stress management, and nutrition — primarily reach those people who are still healthy. They have less influence on those who have problems, for their stress is on prevention.

In recent years, ARF has been actively trying to bring these two types of program together. It is now working on three pilot projects to develop what are called Employee Health and Assistance Programs (EHAPs) — that is, comprehensive programs that deal with the health needs of the whole workforce, incorporating both preventive and remedial components.

The three pilot projects are being operated in a municipal government in Ontario, a hospital, and a private-sector manufacturing company.

Altogether, about 4,500 employees will be involved in the pilot projects. As a first step, all employees will be surveyed in detail so that ARF can determine exactly the elements that an effective EHAP should contain.

When the surveys are completed and the results analysed, ARF will then design and set up the most appropriate EHAP in each of the three locations. The effectiveness of the programs will then be monitored.

The Health Promotion Directorate of Health and Welfare Canada has contributed substantially to this program. It wants to see effective working models of preventive and treatment programs that it could promote to both the public and private sectors across Canada.

Report on EAP councils shows how and why they work

Employee Assistance Programs (EAPs) are now well established in workplaces in Ontario. They give employees an opportunity to discuss, and get professional help with, personal problems that might affect their performance at work.

A more recent development, however, is the formation of EAP councils. They have been supported and encouraged by ARF.

EAP councils operate within individual communities, and they consist of people who run local EAPs.

They were started because many EAP managers felt isolated from other people in their field. Frequently, they would be the only EAP specialists within their organizations. This meant

they would be cut off from the normal interchange of ideas and opinions that takes place among professionals working together.

The councils were formed in an effort to create a more supportive professional environment for the EAP managers.

In 1985–86, the Foundation completed a review of the 14 councils that now exist in Ontario so that it could pass along information about their organization and operation to communities that are considering establishing councils of their own.

The report notes that the 14 councils (representing over 400 work-sites and 300,000 employees) need the sort of planning and administrative support that ARF can offer in order to function effectively.

It also notes that the councils provide a more efficient vehicle through which ARF can distribute information and education materials designed to enrich EAP services to the community.

The report will be used to assist in the development of councils that are under consideration in Sarnia, Kingston, and North Bay.



INFORMATION

Dial-A-Fact service continues to attract thousands of callers

The Foundation's Dial-A-Fact program is now well established as the telephone service that Ontario's residents can use to get factual and scientific information on alcohol and drug topics.

There are 55 tapes offered through Dial-A-Fact. Each one lasts about five minutes and can be heard by people anywhere in the province who telephone 1 800 387-2916 (or 595-6111 in Toronto) and ask to hear one of the messages.

This year, a total of 44,469 calls were made — 17,902 calls from Metropolitan Toronto (about 40 per cent of the total number of calls), and 26,567 toll-free calls from the rest of Ontario.

Once again, the most frequently requested tapes were those relating to the use and abuse of cannabis, alcohol, and cocaine. Other subjects also in demand were smoking and how to stop, and family themes such as how to help your child if he or she uses drugs.

There will soon be 10 new tapes added to the service. Among the topics they will cover:

- alcohol and drug services in different communities in Ontario;
- smoking, drugs, and pregnancy;
- drugs and the elderly;
- women, smoking, and health hazards.

In addition, the complete Dial-A-Fact service will, it is hoped, soon be

offered in French (the top 10 messages are already available under the title *Accès-aux-faits*).

In 1985-86, the service was promoted to Ontario residents by public service announcements sent to 21 television stations, through newspaper articles solicited by the Foundation, and through announcements on radio. Free advertising space was donated by *TV Guide*, and Consumers' Gas published information on Dial-A-Fact in its newsletter.

In addition, the Foundation distributed 165,508 brochures promoting Dial-A-Fact throughout the province. Eleven sponsors subsidized the costs of producing the brochures. They were: Campbell Soup, Hallmark Cards, Insurance Bureau of Canada, Loeb Inc., Ontario Ministry of Health, Northern Telecom, Prudential Insurance Co. of America, Reed Inc., The Toronto Star, Ultramar Canada, and Woolco/Woolworth.

ARF promotes 'more hugs, less drugs'

From November 17 to November 23 last year, communities across Ontario focused their attention on addictions-related problems and issues.

With the slogan of "More hugs, less drugs," people in Toronto, Peterborough, Thunder Bay, and numerous other communities were invited to attend and participate in events designed to increase their awareness of drug and alcohol use and abuse.

In Peel Region, for example, students at a local high school staged a mock drinking/driving trial. Lawyers took the key roles, while students played the parts of the accused, witnesses, and members of the jury.

The event was staged to teach students about drinking/driving laws and the consequences of disobeying them.

An evaluation of the effectiveness of Addictions Awareness Week was undertaken in Peel. Of 600 people surveyed, more than 50 per cent were aware that local addictions-related events had taken place.

In Durham Region, it was estimated that a similar percentage of the population was reached through events and promotions.

Addictions Awareness Weeks are now being planned in many other communities in the province. In fact, ARF has now struck an Ontario Planning Group — with representation from the Alcohol & Drug Recovery Association — whose task is to coordinate all of the Awareness Weeks in which the Foundation is involved.

Physicians' Handbook leads line-up of publications

In 1985-86, ARF produced a wide range of publications aimed at professionals in the health-care field, legislators and policy makers, and members of the general public.

Among the titles produced were:

- *The Physicians' Handbook* — co-produced with the Ontario Medical Association and distributed to 17,000 Ontario physicians. This handbook is a pocket-size guide to the recognition and early medical management of alcohol- and drug-related problems; it can be used as a quick reference guide. Its main aim is to help doctors uncover any drug- and/or alcohol-related problems among their patients and to take steps to initiate the appropriate treatment.
- *Drug and Alcohol Law for Canadians* — a revised edition and still the most comprehensive and up to date on the market. It offers information on Canada's alcohol and drug laws for people with no legal training. Its primary purpose is to explain the existing laws, the criminal procedures used to enforce them, and the consequences of arrest and conviction. Support for the publication was provided by the Faculty of Law of the University of Western Ontario and the Law Foundation of Ontario, as well as by ARF.
- *Alcohol and Drug Treatment Resources in Ontario* — an annual update of an earlier province-wide ARF survey of available resources.

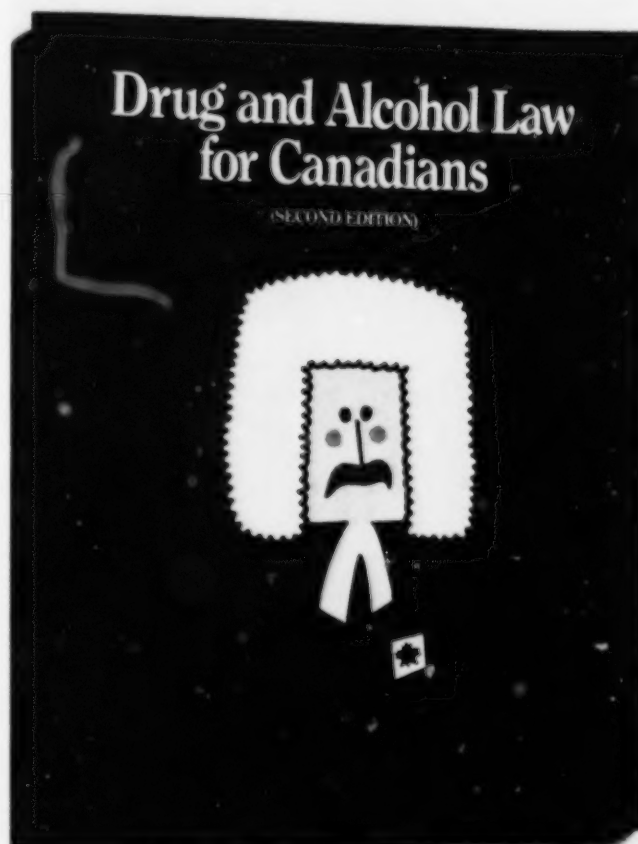
Two main categories of resources are covered: those that are general and those that are addiction-specific.

In addition to the above titles, ARF began a new series of position papers, based on the latest research and published under the general title of "Best Advice."

Two such papers were published in 1985-86, both dealing with topics that were of particular interest to the people of Ontario. One covered the issue of beer and wine in grocery stores; the other tackled the driving/drinking dilemma.

Both papers were widely distributed throughout the province.

Drug and Alcohol Law for Canadians
is a comprehensive guide for people
with no legal training.





INFORMATION

More people given access to addictions education

Teleconferencing is playing an increasingly important role in the delivery of ARF's educational programs—for three main reasons.

First, teleconferencing allows ARF to deliver information and educational programs at a reasonable cost to remote communities throughout Ontario.

Second, it allows people in these communities to attend educational sessions without the major investment of time and money that a trip to Toronto involves.

Third, and perhaps most important, it allows people to talk directly to the person running the program and to other participants, even though they are not face-to-face.

Basically, teleconferencing involves transmitting a program from one of Ontario's teleconference sites to participants who are gathered at other teleconferencing facilities.

Examples of how ARF's School for Addiction Studies used teleconferencing in 1985–86:

- **Telemedicine for Ontario (TFO).**
TFO is supported by the Ministry of Health and is operated by Ontario's five university health science faculties.
This year ARF developed two programs for TFO. One is a two-part program on impaired nurses. The

other — called "Your client's drinking: how to raise the issue" — is aimed at people in the health care services who need more information on how to broach the subject of alcoholism with their clients.

- **Research Update Series.** This new series was initiated because of the difficulty ARF personnel and other professionals in the addictions field have in keeping up to date on new research — research conducted by ARF scientists, as well as outside research.

When a Research Update is scheduled, ARF circulates (to all participating staff) information on the topic to be discussed. Those who register are then directed to the closest teleconferencing sites.

The first program in this new series — Research Update on the Treatment of Alcoholism — was given earlier this year. Two more Updates are planned for next year.

Seminars help make EAPs more effective for women

Women make up close to 50 per cent of Ontario's workforce; yet when ARF in the Ottawa-Carleton region recently analysed female participation in the development and utilization of its Employee Assistance Programs (EAPs), it found that women were not proportionately represented.

ARF therefore organized a seminar for program coordinators in Ottawa to tell them about techniques they could use to reach women and to involve them in their programs.

The seminar (which appropriately took place during International Women's Week) was sponsored by ARF, the Regional Municipality of Ottawa-Carleton, and Metropolitan Life.

Forty EAP coordinators registered for the seminar. They represented public and private-sector organizations with workforces ranging from 200 to 40,000 employees.

Other seminars on this topic are being promoted through the publication of a handbook on women, the workplace, and EAPs. ARF's EAP consultants can use the handbook as a guide to staging seminars of their own.

ARF sponsors radio's first addictions information course

From January to May last year, listeners to CJRT/FM could tune into the first-ever addictions-specific course broadcast on radio; and according to statistics gathered by the Bureau of Broadcast Measurement and by CJRT, it seems that more than 18,000 people a week did just that.

The radio course was developed through ARF's School for Addiction Studies; it covered topics such as addictions and the family, women and drinking, theories of substance abuse, and addictions treatments.

Each program consisted of a 15-minute mini-lecture followed by interviews with several experts, many of them ARF scientists.

The program was planned, developed, and hosted by ARF staff and was aired twice a week as part of CJRT's Open College series.

It attracted two main types of listeners. First, there were those listeners who registered as Open College students, paid a fee, and then worked towards a credit. These students listened to the programs and then handed in assignments to ARF staff, who tutored them and marked their papers.

The other group of listeners were people who were simply interested in the subject of addictions. For this group, ARF put together a package of further information, including a bibliography and details on how to use Dial-A-Fact, the telephone addictions information service that ARF operates.



Ken Radway, School for Addiction Studies, discusses addictions for CJRT's Open College.

The 20-week course proved so successful that it will be repeated in the fall of 1986. This time, it will be aired three times a week — including one broadcast during an important weekend time slot.



INFORMATION

Different approaches used to keep the public informed

Key partners in the Foundation's work to fulfil its mandate to educate and inform the public are, of course, the media.

The various roles of the Foundation present challenges in communi-

cating to the public through the media. There is the continuing need to convey scientific information to the lay public; the need to help the public develop an understanding and awareness of the treatment and prevention programs; and the need to help educate the public on the problems of alcohol and drug abuse, and the context in which they occur.

The media relations group, therefore, handles a range of information. For example, the findings of the biennial survey of alcohol and drug use among Ontario students serve as a benchmark for ongoing consideration of this topic by the media, by professionals in many fields, and by the general public.

Release of this study at a news

Dennis Bernardi (second from left), produces a bi-weekly cable television series on addictions that is carried on Channel 12 in Timmins and taped for rebroadcast in Cochrane, Kapuskasing, and Hearst.



conference resulted in front page coverage in Ontario, and it became the lead item on many radio and TV broadcasts.

Release of the Foundation study on cocaine users — the first of its kind in Canada — also attracted extensive media coverage. Since much of the Foundation's information is complex and involves scientific concepts and terminology, detailed direct discussions between Foundation author/scientists and reporters are arranged so that the latter can gain an understanding of the complexities and produce scientifically accurate stories for the lay audience.

The CBC television program "The Nature of Things" showed program host David Suzuki in the human resources laboratory at the Foundation, where he spent a day in front of the cameras testing, and reporting on, his reactions to alcohol. Suzuki's report became the lead item on the program when it was broadcast across the country on December 11, 1985.

Much of the media relations work is in responding to inquiries, which provides the means for extensive dissemination of information.

Decentralized programs answer community needs

When the School for Addiction Studies was founded eight years ago, the courses it ran were designed primarily for ARF staff, and they were all held centrally at the School's facilities in Toronto.

Now, however, the School is decentralizing many of its programs and, in cooperation with the Community Services Division, delivering them through community-based facilities throughout Ontario. In addition, it is making major changes to the courses' content.

Many of the courses are now developed as a result of needs assessments conducted locally by ARF's community services offices. This means that the programs can be designed specifically to answer the demands of a particular community.

Also, extension programs are now frequently staged with the co-operation and collaboration of third parties.

A typical example is the three-day Introductory Addictions Management Course held at the Sudbury-Algoma Hospital under the auspices of the local community college.

ARF's community services office in Sudbury identified the need among local health services workers to upgrade their skills in dealing with

addictions problems. Federal and provincial government funding was obtained for the development of an appropriate program.

When the extension program was staged, it attracted 30 participants (the maximum the course could handle) from all branches of Sudbury's health services field. A certificate course is now being developed for the community.

This is just one of the 40 extension programs ARF has organized this year, covering health promotion, employee assistance, and treatment matters. In total, they have attracted 2,330 participants from all branches of the health services field, and have been held in 35 different locations.

The redirection of some training resources from Toronto to local communities has allowed ARF to double the number of people who participate in its programs.

It has therefore opened up educational opportunities to many people who could not easily travel to Toronto-based programs.



INFORMATION

Video developed to promote library services

The ARF library, in the Foundation's offices in Toronto, has one of the world's most comprehensive collections of books and other publications on alcohol and drug abuse.

Altogether, the library houses 11,000 books, 450 current journal subscriptions, 150 film titles, and 12,000 reprints of articles on alcohol and drugs.

The library may be used by the general public, students, and addictions professionals throughout Ontario, as well as by ARF scientists and staff.

In 1985-86, to enhance its usefulness to the general public, the library began adding lay material to its collection. Partly as a result, its book, film, and information services were used more frequently than ever before.

The number of titles lent to the public during the year was 1,899 (up 65 per cent over the previous year); films were lent 3,043 times (up 7 per cent); and the library's information service handled 1,385 requests (up 73 per cent).

The library's services are now being promoted more widely and effectively through a newly made video. The video is aimed at the general public and at professional groups.

The Journal keeps Ontario professionals informed about addictions

Each month, ARF publishes *The Journal*, a 16-page newspaper covering the full range of alcohol and drug issues — the recognized leader in its field.

The main objective of *The Journal* is to keep Ontario-based professionals in the health-care services field up to date on major developments in all areas of addictions. The bulk of its readers are therefore in Ontario, and most are professionals working in addictions-related fields.

However, since alcohol and other drug issues are international in scope, *The Journal* is too. It has correspondents in the United States, the United Kingdom, Europe, and the Far East, as well as across Canada.

The Journal now has a circulation of more than 26,000 per month, including social workers, physicians, policy makers, law enforcement officials, teachers, and other professionals. Research shows that more than 50 per cent of readers pass their copies on to colleagues, thereby building *The Journal's* contacts to about half a million each year.

As well, material in *The Journal* is reprinted or quoted virtually every month by newspapers, magazines, and the broadcast media, further broadening the Foundation's contact with the public.

Forums help reach school-age children

In the 1985-86 year, the Foundation held 16 forums to inform school-age children about the problems associated with drug abuse.

More than 2,400 students from Metropolitan Toronto's high schools attended.

The two main topics covered were "Marijuana and Other Drugs" and "Alcohol Issues."

The forums took a factual and scientific approach to their topics, with most of the information being based on research carried out by ARF staff. The forums themselves were also conducted by ARF personnel.

In addition to these forums for school-age children, the Foundation conducted a series of forums for the general public.

Three topics were covered: "Cocaine," "Children of Alcoholics," and "Police Powers of Arrest, Search, and Seizure in Drug Cases."

The forums were widely publicized by direct mail and newspaper advertising; they also generated considerable interest among the media. In all, 755 people attended.

In addition, ARF staff responded to requests to speak to specific groups on topics related to alcohol and drugs. About 1,150 such requests were met, and 49,500 people were addressed.

DIVISIONS OF THE FOUNDATION

The Foundation is organized into five divisions. The following descriptions outline the main responsibilities and activities of each one.



The Occupational Therapy department offers vocational rehabilitation and is equipped to assess and develop work skills.

CLINICAL INSTITUTE

The Clinical Institute was established in 1971 and designated under the Public Hospitals Act to treat patients suffering from alcohol- and drug-related problems. Located at 33 Russell Street, Toronto, it is a fully affiliated teaching hospital of the University of Toronto.

In addition to providing high-quality treatment to its patients, it conducts research into problems associated with alcohol and other drugs, and it provides practical training and undergraduate, graduate, post-graduate, and continuing education programs.

The following treatment programs and services are provided by the Institute.

- Primary care. This marks the initial point of contact for new patients. It covers intake, orientation, case

management, and supportive counselling services, as well as a comprehensive assessment to determine the most appropriate treatment program for each patient.

- Outpatient sociobehavioral treatment services. These include basic treatment of substance abuse combined with a range of specialized interventions addressing related problems in other areas of the patient's life. These interventions include individual counselling, marital and family therapy, relaxation therapy, vocational counselling, leisure counselling, and group therapy.
- Day treatment services. These include three specialized day treatment programs linked to a sociobehavioral inpatient unit. Patients may attend the day treatment program on either a residential or an outpatient basis. The three programs are:
 - Abstinent lifestyle treatment program — focusing on goal planning and implementation to help patients achieve a drug-free lifestyle.
 - Young drug users program — focusing on the particular needs of adolescents and young adults involved in drug abuse. Specific treatment goals are based on an analysis of each patient's pattern of drug use.
 - Program for the employed — a three-week intensive treatment program and one-year follow-up for patients whose alcohol problems have been identified in the workplace.
- Detoxication unit. This provides non-medical services for people

who are intoxicated or experiencing withdrawal symptoms. (Back-up medical services are offered by the Institute's emergency services department.) The detoxication unit also arranges referrals for further treatment. In 1985-86, there were 3,510 admissions to the unit.

- Drug therapy program. This provides comprehensive outpatient treatment to patients who abuse alcohol, opiate-type narcotics, or prescription drugs, and for whom both pharmacological and socio-behavioral treatment may be necessary.
- Ambulatory medical services. These provide medical assessment, management, and follow-up for the medical complications that arise from, or are associated with, drug and/or alcohol abuse. Emergency care, medical screening, primary medical clinics, psychiatric consultation, and sub-specialty clinics in gastroenterology, clinical pharmacology, and neurology are included in the services.
- Emergency services. These provide medical and sociobehavioral crisis intervention for people in acute states such as intoxication, withdrawal, or overdose.
- Medical ward. This is an inpatient hospital ward for those who have alcohol and/or other drug problems and require medical and nursing care. There were 605 admissions in 1985-86.
- Hospital outreach service. This service helps hospitals throughout

Ontario to develop case identification, assessment, referral, and on-site treatment capabilities for patients with problems related to alcohol and drug use.

- Volunteer services. These support both staff and patients by extending the amount and nature of the Institute's services. Volunteers work in a variety of ways and in a range of positions requiring different amounts of time, knowledge, and skill. Each person is placed in a specific program on the basis of the contribution he or she is able to make. Volunteers are involved in direct assistance to patients in treatment and aftercare, as well as in more administrative and support roles.

In total there were 4,541 new patient registrations involving 35,605 outpatient visits; 8,537 patient days in day treatment programs; 5,207 patient days on the Medical Ward; and 6,954 patient days in the Detox Centre.

Research focus

The Clinical Institute's research is centred on the causes and consequences of alcohol and other drug-related problems, and is aimed at improving existing treatments and developing new ones. The major focus of research is in the biochemical, biomedical, and sociobehavioral areas, where studies are concerned with preventing and treating such major problems as excessive alcohol consumption, liver disease, brain damage, alcohol withdrawal, sociobehavioral problems, smoking, and benzodiazepine abuse.

Senior scientists in the Clinical Institute hold academic appointments at the University of Toronto and other universities and colleges. Projects are conducted in collaboration with the university, the Toronto General Hospital, and other hospitals and organizations. All research projects require administrative, scientific, and ethics reviews and approval to ensure that only ethically acceptable, high-quality priority projects are conducted.

As a teaching hospital, the Clinical Institute trains and educates University of Toronto students at the undergraduate, graduate, and post-graduate levels. Courses on alcohol and drug-related problems are taught in the Faculty of Medicine's departments of Medicine, Family and Community Medicine, Pharmacology, Psychiatry, Rehabilitation Medicine, and the Division of Community Health. Related courses are also on the curricula of the faculties of Pharmacy, Nursing, and Social Work, and in the department of Psychology in the Faculty of Arts and Science.



Sgt. Don Colbourne of the Metropolitan Toronto Police works with ARF scientist Evelyn Virgilis developing and testing education and law enforcement programs related to drinking and driving.

SOCIAL AND BIOLOGICAL

The primary mandate of the Social and Biological Studies Division is to develop the knowledge base required to reduce the substantial burden of health and social costs created by the use of alcohol and other substances in Ontario. This work is predicated on the assumption that the public and the professional community alike should be informed by the most accurate and up-to-date scientific information available so that they can respond effectively to the challenge represented by this burden.

To facilitate the link between the development of knowledge and its most effective use, scientists in the Division have paid special attention to establishing productive collaborations with educators, policy makers, law enforcement officials, community workers, and others who need reliable factual information to carry out their responsibilities in addressing the problems created by substance use.

In the past year the Division has undergone some reorganization resulting from the retirement of several of its most senior scientists. There are now ten sections organized into two departments: *Prevention Studies* and *Biobehavioral Research*. Each department incorporates a variety of disciplinary approaches to understanding the determinants of substance-related problems; each has as its ultimate objective the prevention of these problems using strategies appropriate to the health-care delivery and social services systems in Ontario.

STUDIES

The work of the *Prevention Studies Department* is organized into four principal groupings: epidemiological studies of the societal and social factors associated with alcohol and drug use; development and testing of primary and secondary prevention programs to reduce the incidence and prevalence of problems; evaluation of government measures affecting the availability of alcohol and drugs; policy analyses that focus on the implications for public health of alcohol and drug control measures and other preventive efforts.

Some of the specific studies that have been conducted are on the adverse effects of alcohol use, drinking problems among youth, programs to combat the increasingly troublesome problems arising from drinking and driving, development and testing of preventive educational programs for use with students and groups at high risk for substance-related problems, prevention and treatment of alcohol and drug problems in the workplace, and the impact of regulatory measures and other interventions on alcohol problems. The positive impact of these preventive efforts in Ontario has been documented repeatedly.

This department also assumes the role of monitoring the level of use of alcohol and drugs and their attendant problems by conducting surveys of key population groups and by maintaining comprehensive statistics compiled from a large variety of local, national, and international sources. A regular comprehensive report on alco-

hol and drug statistics is produced for use by various agencies and professionals, the media, and the general public.

The *Biobehavioral Research Department* continues to pursue a series of questions pertaining to the causes and consequences of alcohol and drug consumption. Two of these are: What are the behavioral, neurochemical, and neurophysiological mechanisms that account for the acquisition and persistence of drug-taking behavior? How do these same mechanisms give rise to tolerance to, and physical dependence on, alcohol and other drugs, and how in turn do tolerance and physical dependence influence the consumption of alcohol and drugs?

The general objective of research into these questions is to permit the development of effective interventions (e.g., new therapeutic drugs) that can improve the clinical management of alcohol and drug problems.

A third line of investigation is: What types of organic damage are produced by the chronic heavy use of alcohol, cannabis, and other drugs, and how is such damage produced? Here again, the objective of understanding the mechanisms by which disease and damage are produced is to develop clinical methods to treat and prevent them.

In addition to its support for research, the analytical laboratory of the department provides a service to physicians who require the identification of samples of "street drugs."

An increasingly important mandate of scientists in the Division (and in the Addiction Research Foundation generally) is to disseminate the knowledge they possess to various target groups. They contribute substantially to education and training by teaching at the School for Addiction Studies, local universities, and community colleges. They review educational materials for scientific accuracy, provide information and interviews to the media, and respond to inquiries from professional health workers, lawyers, students, and the public at large. Requests for reviews and expert advice from provincial and federal departments, as well as from such international bodies as the World Health Organization, are also frequently met.

EDUCATION



The resources of the ARF Library are available to students, professionals, and the general public.

The Education Resources Division consists of two major departments:

- *Development and Production* oversees the development and final production of various educational materials. Included in this department are Print Publications, *The Journal*, and Audio-Visual Productions (which includes television programs).
- *Information and Promotion* is involved in the dissemination of information and in the promotion of Foundation programs. Sections within this department include Information Services, the Library, Special Events, Dial-A-Fact, Marketing Services, and Media Relations.

Both of these departments work closely with other Foundation divisions in the preparation, direction, and production of specific materials used for public information, public and school education, and professional development and training.

The ultimate goal of public information and education is to prevent harm caused by alcohol and other drug use. Transmitting knowledge to the public about the effects of alcohol and other drugs — and the consequences of their use on the individual, family, society, and culture — is an essential part of prevention.

The Division achieves this by tailoring its messages to specific audiences and by making full use of its various departments.

RESOURCES

The Journal, a monthly science newspaper now in its second decade, keeps professionals, gatekeepers (persons who influence young people, including teachers and parents), opinion makers, and leaders in Ontario communities informed about drug and alcohol issues. It now has a worldwide correspondent network and readership.

The *Audio-Visual* section develops and produces video programs for various targeted audiences on specific topics dealing with alcohol and other drugs. Audio cassettes are produced for the Dial-A-Fact/Accès-aux-faits telephone service.

Audio and television public service announcements are also produced, and an extensive slide bank is maintained for conference, teaching, and seminar presentations.

Print Publications reviews, edits, and manages the production of pamphlets, books, and other print materials by providing creative direction and editorial expertise.

Media Relations works closely with the media in Ontario and beyond, initiating awareness and responding to media inquiries on issues of public interest.

Marketing Services has a mail-order operation to promote the distribution of Foundation products within

Ontario. It also recovers costs by selling materials outside the province and throughout the rest of the world.

The *Library* acts as a resource centre for professionals, students, and the general public. It houses one of the world's best collections of alcohol and drug literature.

The *Special Events* section organizes public forums on topical issues, hosts special youth forums for secondary school students, and supports the Foundation's public display program across the province.

The Education Resources Division also serves other ARF divisions and organizations within Ontario. It provides expert consultation in the communications area on alcohol and drug education, as well as personal consultation as part of its responsibility within a World Health Organization collaborating centre. The Division also works with other organizations to produce additional alcohol- and drug-related education materials.



Twenty-seven courses, workshops, and seminars were conducted at the School's May Street facility.

SCHOOL FOR

The School for Addiction Studies at 8 May Street, Toronto, was established in 1978 as a focal point for Foundation training and development programs. Its programs are aimed at professionals in Ontario communities, at health-related divisions of colleges and universities, at selected students and professionals from other provinces and countries, and at staff of the Addiction Research Foundation.

On-site and off-site programs of the School attracted 2,975 participants in 1985-86. Twenty-seven courses, workshops, and seminars at May Street were attended by 645 participants. Subjects included: Fundamental Concepts in the Field of Drug Dependence; Pharmacology and Drug Abuse; Basic Counselling Skills; Behavioral Interventions; Seminars for Scientists; Group Therapy; Relaxation and Stress Management; Perspectives on Employee Assistance Programming; Research Methodologies; Health Promotion; Alcohol, Other Drugs, and the Law; Alcohol and the Family; Marital and Family Therapy; Drinking/Driving Countermeasures; Youth, Alcohol, and Drugs; Orientation to Detoxication Services; Sex Differences and Alcohol; and Clinical

ADDICTION STUDIES

Issues in Substance Abuse Nursing.

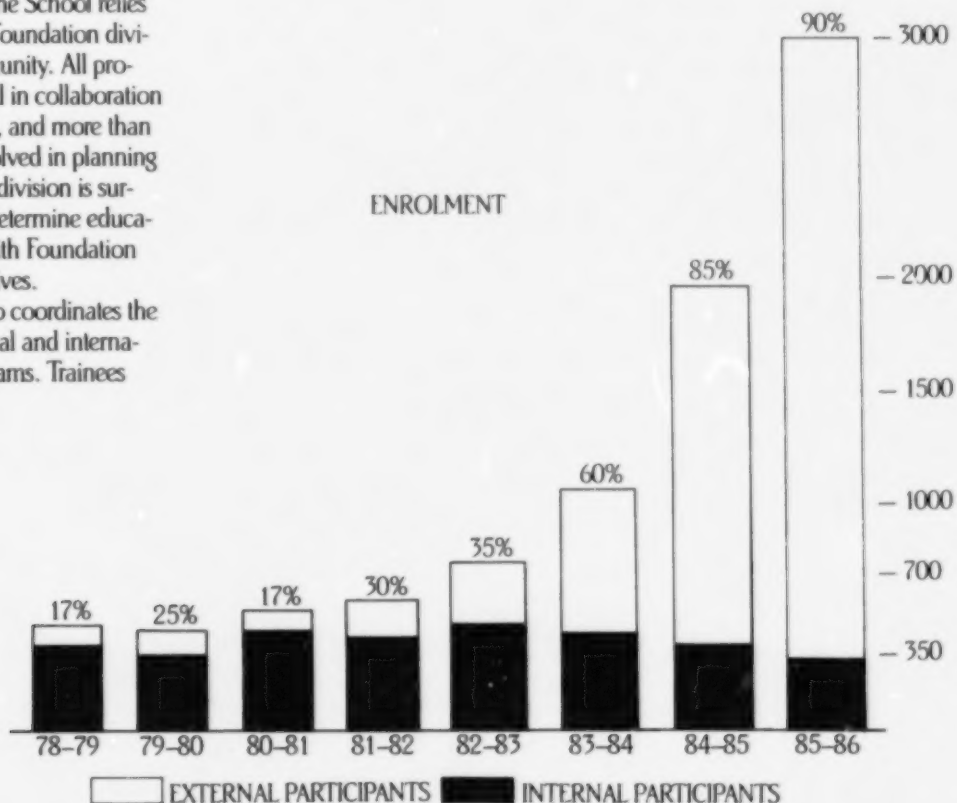
In collaboration, the School and the Community Services Division (CSD) conducted 40 programs for 2,330 participants to support CSD's development of community-based services across Ontario. In 1986-87, the School and the CSD will continue to develop extension education programs for personnel involved in treatment, health promotion, employee assistance programming, and school systems.

The School's relatively small full-time staff provides expertise in educational planning and design, management, and evaluation. For expertise in particular subjects, the School relies on staff from other Foundation divisions and the community. All programs are conducted in collaboration with other divisions, and more than 100 people are involved in planning and teaching. Each division is surveyed annually to determine education needs in line with Foundation priorities and objectives.

The School also coordinates the Foundation's national and international training programs. Trainees

come to the Foundation from many parts of the world. In 1985-86, the Foundation provided technical consultation for training programs in Nigeria, Thailand, and the Caribbean region.

In recent years, the School has attracted increasing numbers of participants from outside ARF. The proportion of external participants has increased dramatically from 1978 to 1986 as shown in the bar graph below.





The City of York Board of Education's Dapper Project (Drug Abuse Prevention Project . . . an Educational Resource) is concerned with curriculum development, staff development, parent information, and research. Gloria Silverman, Community Services Division, ARF, and Evelyn Kendall, vice principal of York's Adult Day School, are co-managers of the project.

COMMUNITY

The Community Services Division (formerly Regional Programs), initiates a wide range of programs in communities across Ontario to prevent alcohol and drug problems and to identify, treat, and rehabilitate alcohol- and drug-dependent residents of Ontario.

In addition, hospitals, health care services, District Health Councils, employers, union leaders, school boards, social welfare agencies, parents, concerned citizen groups, and individuals in communities across Ontario frequently seek the assistance of the Division's 30 local offices in establishing treatment services, developing Employee Assistance Programs, and conducting health promotion and public education programs.

Treatment services

The Ministry of Health's policy of establishing and maintaining high-quality, cost-effective health care by concentrating on community-based health care systems is consistent with the Foundation's model for treatment services. The objectives are to: (a) increase awareness of the importance of early identification; (b) promote standardized assessment techniques by

SERVICES

selected health and social service personnel; and (c) ensure that needs related to alcohol and drug dependency are met, whenever possible, through the coordination, mobilization, or redeployment of existing community resources.

During 1985-86, approximately 40 per cent of the Division's program resources were allocated to the area of treatment services. More than 40 major community-based projects were implemented to develop critical addictions services across the province from Dryden to Brockville, including, among other locations, Kingston, North Cochrane, North Bay, Windsor, Oshawa, Samia, St. Catharines, and Niagara. All projects were sanctioned by District Health Councils and/or other community agencies and received broad community support.

Since 1980, as a result of ARF intervention, there has been a 287 per cent increase in assessment/referral services across Ontario (from eight to 31). This is noteworthy in that a study conducted in 1980 concluded there was a compelling need for community-based assessment capability in the province. Another study, completed in 1985, showed that, consistent with ARF's advice and the Addictions Services Policy recently

adopted by the Ministry of Health, there was a substantial increase in community-based non-residential programs, and an increase of only three residential treatment beds in the entire province between 1980 and 1984.

This is an important finding in view of the fact that there had been a large increase in the overall number of residential beds for the treatment of addictions problems prior to 1980, when ARF became actively involved in promoting community-based outpatient treatment.

These developments are consistent with the Foundation's advice to government and to the agencies of Ontario. Program experience and research have shown that non-residential treatment achieves results comparable to residential treatment at a far lower cost per patient.

In significant measure, the development of community-based non-residential treatment is attributable to the efforts of managers and staff of the Community Services Division and to the strong support received from the Mental Health Division of the Ministry of Health and District Health Councils.

Employee Assistance Programs

Since addictions problems result in absenteeism, lateness, poor work, accidents, and low productivity, the Community Services Division conducts a province-wide program to combat the use and abuse of alcohol and other drugs in the occupational community.

The purpose of this program is to prevent addictions-related on-the-job problems and to identify, manage, and treat those employees who already have such problems. Also, numerous business organizations, public service agencies, unions, and other groups routinely seek help for addicted employees from the Community Services Division's local offices.

Policies relating to Employee Assistance Programs (EAPs) are frequently developed and implemented with Foundation guidance. About 30 per cent of the Division's resources are allocated to these programs. Division staff are working with more than 500 organizations to establish policies

COMMUNITY SERVICES (cont'd)

and to train representatives of management and labor to address worksite problems.

These organizations "cover" 440,000 employees and fall within the following workplace sectors: manufacturing (46.5 per cent); community, business, and personnel services (25.2 per cent); public administration and defence (11.3 per cent); transportation, communication, and other utilities (7.2 per cent); other (9.8 per cent).

In 1985-86, approximately 250 EAP training and promotional events were conducted by the Division for more than 6,000 management and union personnel.

Some of the other worksite-related activities included the implementation of 42 new EAPs; work with 50 additional hospitals in developing policies, training staff, and promoting addictions materials; and development of a comprehensive

package on health promotion in the workplace, in collaboration with Health and Welfare Canada.

Health promotion

About 30 per cent of the Division's resources are allocated to community-based efforts in education and health promotion. These activities are designed to help people avoid and reduce risks associated with the use of alcohol and other drugs.

Some of these initiatives involve the development of alcohol and other drug policies that serve to reduce the likelihood of problems. Significant inroads are being made with school systems, colleges and universities, municipal recreation departments, and licensed establishments, through such programs as Campus Alcohol Policies and Education (CAPE) and training of staff in licensed premises.

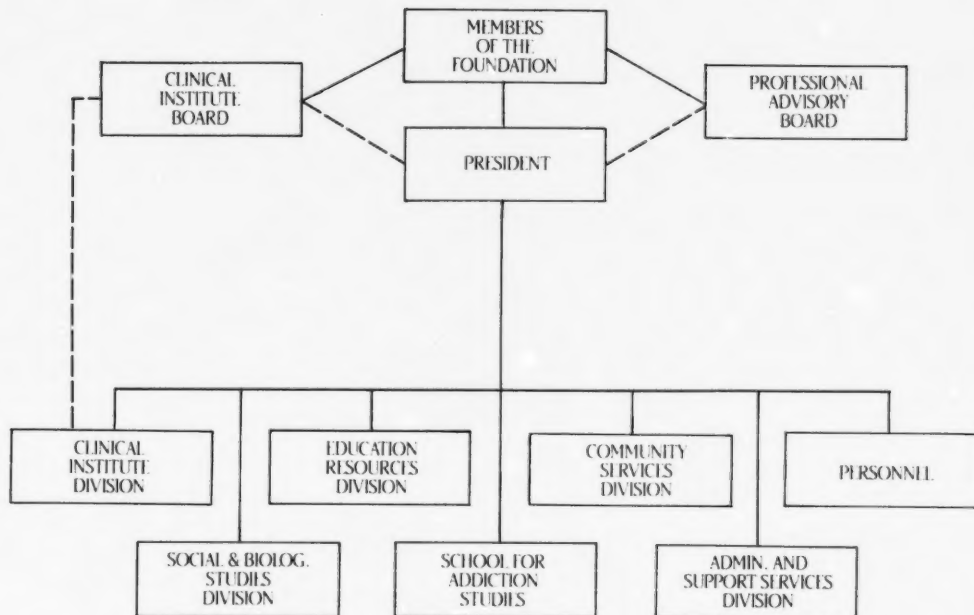
Other initiatives employ contemporary educational techniques to persuade people to avoid and reduce risks associated with alcohol and other drug problems. An example is

the sober driver program described in the first section of this report.

In addition to the wide diversity of the health promotion initiatives being undertaken in the Community Services Division, staff in local offices routinely present hundreds of workshops, forums, training events, and speeches throughout the province. These reach more than 30,000 people annually, including parents, educators, health and social service providers, community groups, and service clubs.

ORGANIZATION, OPERATIONS, AND PUBLICATIONS

ORGANIZATION STRUCTURE



MEMBERS OF THE FOUNDATION*

Chairman
J.B. Macdonald
Toronto

R.C. Alary
Hearst

R.J. Butler
Toronto

****S. Gibson
Toronto

***H.E. Richardson
Toronto

**J.R. Augustine
Thunder Bay

P. Creighton
Toronto

**N.M. Marossi
Cambridge

**J. Robinson
Downsview

***D. Bocking
London

B. Eastman
Toronto

J. McNeil
Toronto

**A.B. Scorsone
Newmarket

F.C. Buckley
Toronto

***S.A. Folb
Toronto

***D.W. Morison
Toronto

J.H. Sword
Toronto

**R. Obonsawin
Toronto

***R.E. Turner
Toronto

*As of March 31, 1986

**Appointed effective March 6, 1986

***Term expired December 31, 1985

****Resigned July 1, 1985

PROFESSIONAL ADVISORY BOARD*

Chairman
M.J. Ashley
Toronto

C. Chamberlain
Etobicoke

W.H. Coons
Downsview

**M. Eichler
Toronto

**J. Hagan
Toronto

D.W. Haist
North Bay

A.E. LeBlanc
Toronto

S.M. MacLeod
Toronto

**A.S. Macpherson
Toronto

**W.H. Palmer
Toronto

I. Rootman
Ottawa

B. Shaw
Toronto

R.P. Swinson
Toronto

**J.E. Till
Toronto

J.R. Wherrett
Toronto

*As of March 31, 1986

**Term expired January 31, 1986

BOARD OF THE CLINICAL INSTITUTE*

Chairman
R.E. Turner, M.D., F.R.C.P.(C)**
Toronto

P. Carlen, M.D., F.R.C.P.(C)
Toronto

J.T. Marotta, M.D., F.R.C.P.(C)
Toronto

***J.B. Macdonald
Toronto

J.A. Marshman
Toronto

J. McNeil
Toronto

E.F. Watson
Toronto

*As of March 31, 1986

**Term expired December 31, 1985

***Interim Chairman

SENIOR OFFICERS*

J.A. Marshman
President

H.D. Cappell
Director
Social and Biological
Studies Division

A.P. Charles
Director
Administrative and Support
Services Division

J.C. La Rocque
Director
Community Services Division

D.E. Meeks
Director
School for Addiction Studies

H.J. Schankula
Director
Education Resources Division

E.F. Watson
Director
Clinical Institute Division

L. Weiss
Director of Personnel

*As of March 31, 1986



OFFICES OF THE FOUNDATION

ARF Headquarters	33 Russell Street, Toronto, M5S 2S1	(416) 595-6000
Belleville	248 Bridge Street East, K8N 1P1	(613) 962-9482
Chatham	259 Wellington Street West, N7M 1J9	(519) 354-1000
Community Programs Evaluation Centre	c/o University of Western Ontario, London, N6A 5B9	(519) 661-3042
Cornwall	General Hospital, K6H 1Z5	(613) 932-3300 ext. 238
Durham	44 Bond Street West, 10th Floor, Oshawa, L1G 1A4	(416) 576-6277
Georgian Bay	100 Bell Farm Road, Barrie, L4M 4Y5	(705) 726-4976
Halton	3425 Harvester Road, Suite 211, Burlington, L7N 3N1	(416) 632-2436
Hamilton	20 Hughson Street South, Suite 508, L8N 2A1	(416) 525-1250
Western Regional Office	75 James Street South, Hamilton, L8P 2Y9	(416) 527-8166
Kapuskasing	19B Riverside Drive, P5N 1A4	(705) 335-6081
Kenora	P.O. Box 1040, 115 Chipman Street, P9N 1V7	(807) 468-6372
Kingston	309 Alfred Street, K7L 3S4	(613) 546-4266
Kitchener	639 King Street West, N2G 1C7	(519) 579-1310
London	414 Dufferin Avenue, N6B 1Z6	(519) 433-3171
Niagara	63 Church Street, Suite 410, St. Catharines, L2R 3C4	(416) 685-1361
North Bay	288 Worthington Street West, P2B 3B4	(705) 472-3850
Eastern Regional Office	179 Colonnade Road South, Suite 600, Nepean, K2E 7J4	(613) 224-3604

Ottawa/Carleton	880 Wellington Street, Suite 800, K1R 6K7	(613) 238-8230
Owen Sound	County Bldg., 595 9th Avenue East, N4K 3E3	(519) 371-1861
Peel	165 Dundas Street West, Suite 602, Mississauga, L5B 2N6	(416) 270-1431
Pembroke	77 Mary Street, Suite 201, K8A 5V4	(613) 735-1023
Perth	45 Drummond Street, K7H 2J9	(613) 267-1152
Peterborough	223 Aylmer Street North, K9J 3K3	(705) 748-9830
Samia	265 North Front Street, Suite 106E, N7T 5S6	(519) 337-9611
Sault Ste. Marie	464 Albert Street East, Walrus II, P6A 2J8	(705) 256-2226
Simcoe	191 Queensway West, Suite 1, N3Y 2M8	(519) 426-7260
Northern Regional Office	144 Pine Street, Suite 203, Sudbury, P3C 1X3	(705) 675-1181
Sudbury	144 Pine Street, Suite 203, P3C 1X3	(705) 675-1195
Thunder Bay	West Arthur Place, Suite 104, 1265 Arthur Street East, P7C 4X8	(807) 622-0607
Timmins	119 Pine Street South, Pine Plaza, 3rd Floor, P4N 2K3	(705) 267-6419
Windsor	2090 Wyandotte Street East, N8Y 1E6	(519) 253-1146
<i>Toronto</i>		
Metro Toronto Regional Office (MTR)	175 College Street, M5T 1P8	(416) 595-6020
Northeast Metro	175 College Street, M5T 1P8	(416) 595-6035
West/Central Metro	175 College Street, M5T 1P8	(416) 595-6090
MTR/EAP Centre	175 College Street, M5T 1P8	(416) 595-6028

FINANCIAL STATEMENTS

FOR THE YEAR ENDED MARCH 31, 1986

BALANCE SHEET

as at March 31, 1986

ASSETS

CURRENT

	1986 \$	1985 \$
Short term notes and deposits, at cost	1,226,890	1,324,354
Marketable securities, at lower of cost or market (market value — \$390,099; 1985 — \$126,163)	367,551	123,850
Accounts receivable		
Trade	206,050	193,660
Other	95,651	61,812
Current portion of mortgages receivable	18,050	59,612
Prepaid expenses	161,529	169,166
Inventories	<u>100,638</u>	<u>119,050</u>
	<u>2,176,359</u>	<u>2,051,504</u>

OTHER

Trust accounts — term deposits and cash	40,492	27,254
Mortgages receivable	<u>130,382</u>	<u>104,075</u>
	<u>170,874</u>	<u>131,329</u>

FIXED ASSETS

	<u>1</u>	<u>1</u>
	<u>2,347,234</u>	<u>2,182,834</u>

See accompanying notes to financial statements.

AUDITOR'S REPORT

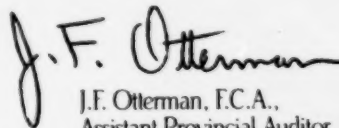
To the Alcoholism and Drug Addiction Research Foundation and to the Minister of Health.

I have examined the balance sheet of the Alcoholism and Drug Addiction Research Foundation as at March 31, 1986 and the statements of operations and deficit for the year then ended. My examination was made in accordance with generally accepted auditing standards, and accordingly included such tests and other procedures as I considered necessary in the circumstances.

In my opinion, these consolidated financial statements present fairly the financial position of the Foundation as at March 31, 1986 and the results of its operations for the year then ended in accordance with the basis of accounting described in note 1a to financial statements, applied on a basis consistent with that of the preceding year.

A report on the audit has been made to the Foundation and to the Minister.

Toronto, Ontario
June 20, 1986.


J.F. Otterman, F.C.A.,
Assistant Provincial Auditor.

LIABILITIES AND DEFICIT

CURRENT LIABILITIES

	1986 \$	1985 \$
Outstanding cheques less cash in bank	429,527	151,715
Accounts payable and accrued liabilities	<u>1,749,636</u>	<u>1,992,258</u>
	<u>2,179,163</u>	<u>2,143,973</u>

FUND BALANCES

Detoxication Centre Fund (note 2a)	290	19,494
Other research funds (note 2b)	<u>168,939</u>	<u>271,563</u>
	<u>169,229</u>	<u>291,057</u>

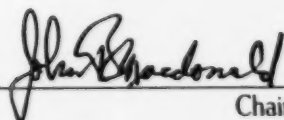
TRUST ACCOUNTS

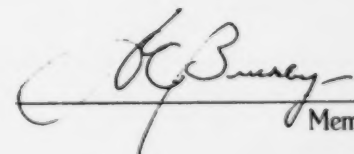
	<u>40,492</u>	<u>27,254</u>
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DEFICIT

	<u>(41,650)</u>	<u>(279,450)</u>
	<u><u>2,347,234</u></u>	<u><u>2,182,834</u></u>

On behalf of the Board:


Chairman


Member

STATEMENT OF OPERATIONS

for the year ended March 31, 1986

	1986 \$	1985 \$
INCOME		
Grants — Province of Ontario	29,317,370	28,463,546
Publication sales (including royalties, films, and subscription fees)	385,766	440,307
Laboratory tests	309,412	269,386
Cafeterias and vending machines	226,193	228,167
Interest earned	183,906	278,228
Parking	145,869	114,742
Management fees	56,343	45,139
Donations	50,234	34,238
Rent, including moneys received for accommodation at treatment centres	25,112	45,139
Miscellaneous	<u>117,923</u>	<u>176,378</u>
	30,818,128	30,095,270
EXPENDITURE (Schedule 1)	<u>31,429,814</u>	<u>31,154,576</u>
EXCESS OF EXPENDITURE OVER INCOME BEFORE EXTRAORDINARY ITEM	611,686	1,059,306
PROCEEDS ON DISPOSAL OF PROPERTY (note 3)	<u>849,486</u>	<u>—</u>
EXCESS (DEFICIENCY) OF INCOME OVER EXPENDITURE AFTER EXTRAORDINARY ITEM	<u><u>237,800</u></u>	<u><u>(1,059,306)</u></u>

STATEMENT OF DEFICIT

for the year ended March 31, 1986

	1986 \$	1985 \$
Retained income (deficit), beginning of year	(279,450)	779,856
Add: Excess (deficiency) of income over expenditure	<u>237,800</u>	<u>(1,059,306)</u>
Deficit, end of year	<u><u>(41,650)</u></u>	<u><u>(279,450)</u></u>

See accompanying notes to financial statements.

SUMMARY OF EXPENDITURE

for the year ended March 31, 1986

Schedule 1

	1986 \$	1985 \$
OPERATING EXPENDITURE		
Salaries and benefits	23,060,073	22,487,670
Office expenses	1,193,008	1,325,413
Utilities	1,091,083	1,027,740
Supplementary program expenses	856,289	1,102,449
Supplies	728,721	684,994
Publications	691,638	735,642
Maintenance	673,000	715,059
Grants	601,182	562,067
Consulting fees	393,517	370,932
Rent	381,548	326,800
Books and periodicals	202,140	142,481
Food	188,472	173,667
Other	748,810	602,470
	<u>30,809,481</u>	<u>30,257,384</u>
CAPITAL EXPENDITURE		
Major renovations	531,264	214,089
Equipment	89,069	187,353
Real property (note 3)	—	495,750
	<u>620,333</u>	<u>897,192</u>
	<u>31,429,814</u>	<u>31,154,576</u>

See accompanying notes to financial statements.

NOTES TO FINANCIAL STATEMENTS

1. Significant Accounting Policies

(a) The Foundation's financial statements have been prepared in accordance with generally accepted accounting principles with the following exceptions:

- (i) Fixed assets are expensed in the year of acquisition and are reflected on the balance sheet at a nominal value of one dollar.
- (ii) The cost of publications produced or purchased for distribution is expensed during the year. Accordingly, inventories shown on the balance sheet do not include the value of publications on hand at year end.

(b) Inventories

Inventories of drugs, medical and other supplies are valued at cost, with cost determined on a weighted average basis.

2. Project Funds

The Foundation administers funds received from various private and public organizations. The activities of these funds are as follows:

(a) Detoxication Centre Fund	1986 \$	1985 \$
Due to Province, beginning of year	19,494	25,250
Grants from Province	<u>398,136</u>	<u>361,290</u>
	417,630	386,540
Expenses incurred during year	<u>397,846</u>	<u>367,046</u>
	19,784	19,494
Paid to Province	<u>19,494</u>	<u>—</u>
Due to Province, end of year	<u><u>290</u></u>	<u><u>19,494</u></u>

Excess of income over expenditure from the Detoxication Centre is repayable to the Province of Ontario.

(b) Other Research Funds	1986 \$	1985 \$
Balance, beginning of year	271,563	172,393
Funds received during year	<u>614,903</u>	<u>469,689</u>
	886,466	642,082
Expenses incurred during year	<u>717,527</u>	<u>370,519</u>
Balance, end of year	<u><u>168,939</u></u>	<u><u>271,563</u></u>

3. Extraordinary Item

In January 1985, the Foundation purchased a property at 501 Queen Street W. for \$495,750 to replace the Detoxication Centre's property at 410 Dundas Street W. The Dundas property was sold in May 1985 for \$880,000 (net proceeds of \$849,486 after commission).

4. Lease Commitments

The Foundation operates 28 community services offices throughout the province. Future minimum lease payments for these premises under operating leases as at March 31, 1986 are:

	\$
1987	313,512
1988	181,793
1989	92,748
1990	67,870
1991	<u>29,266</u>
	<u><u>685,189</u></u>

5. Superannuation Fund

Beginning in 1982, the Ministry of Health has made annual payments directly to the Public Service Superannuation Fund to cover the Foundation's obligation to the unfunded liability of the Fund. The contributions for 1985 and 1986 were \$116,989 and \$116,468 respectively.

6. Comparative Figures

Comparative figures have been reclassified where necessary to conform with the 1986 presentation.

GRANTS AND DONATIONS

The Foundation gratefully acknowledges grants and donations received during 1985-86.

Grants

Alcoholic Beverage Medical Research Foundation

- Effects of Ethanol on Excitable Membrane Function of Cerebellar Purkinje Cells in Rats
- Excretion of Alcohol Through Human Skin

Alcoholic Beverage Medical Research Foundation
Distilled Spirits Council of U.S.

- Jointly Sponsored Project on Acetate as a Marker of Alcohol Consumption and Monitor

Canadian International Development Agency

- Community Development, Hill Tribe — Thailand

Cyanamid Canada Incorporated

- Efficacy of Calcium Carbimide and Self-efficacy Therapy in Alcoholics

Health and Welfare Canada

- Counselling Skills Manuals
- Employee Assistance Programs Video
- Lifestyle Assessment Intervention Project

Health and Welfare Canada

Alberta Alcoholism and Drug Abuse Commission
Alberta Liquor Control Board

- Jointly Sponsored Symposium on Observational Studies of Drinking Behaviour

H. Lundbeck & Co.

- Citalopram Effects on Alcohol Consumption on Heavy Social Drinkers

Merck Frosst Canada Inc./Upjohn Co. of Canada

- Jointly Sponsored Project on Benzodiazepine Research

Merck Sharp & Dohme Ltd./Bristol-Myers Co.

- Jointly Sponsored Project on Alcohol Consumption and Withdrawal

Merrell Dow Pharmaceuticals (Canada)

- Nicorette Project

Miles Laboratory Ltd.

- Alcoholism Marker

Ministry of Health (Mental Health Services)

- Community Older Persons Alcohol Project
- Renfrew County Assessment/Referral and Primary Care Service
- Thames Valley Assessment/Referral Centre

Rhone-Poulenc Pharmaceuticals Inc.

- Dependence Liability of Zopiclone Evidence of Drug Withdrawal

U.S. National Institutes of Health — National Institute on Alcohol Abuse and Alcoholism (Joint Collaborative Project with Rush Presbyterian, St. Luke's Medical Center)

- Alcoholic Brain Damage and its Reversibility

U.S. National Institute on Alcohol Abuse and Alcoholism

Health and Welfare Canada

- Jointly Sponsored Symposium on Alcohol-Related Casualties

University of Connecticut Health Center in collaboration with U.S. Public Health Service Award

- ADAMHA/WHO Project on Drug Dependence Syndrome

World Health Organization

- Analysis of Tar, Nicotine, and Carbon Monoxide in Cigarette Smoke

Donations

Dial-A-Fact

Campbell Soup Company

Dofasco Inc.

Hallmark Cards

Insurance Bureau of Canada

Kodak Canada Inc.

Loeb Inc.

Ontario Ministry of Health

Prudential Insurance Co.

of America

Northern Telecom

Reed Inc.

Sunoco Inc.

Employers' Council of
Cornwall

The (Ottawa) Citizen

The Toronto Star

Ultramar Canada Ltd.

Woolco/Woolworth

In Memory (144 donations)

Offender Restitution (2 donations)

Work of the Foundation (35 donations)

FOUNDATION VISITORS

The Foundation's primary responsibility is to the people of Ontario, and each year thousands of Ontarians call, write to, and visit its headquarters and School for Addiction Studies in Toronto and its offices across the province. However, because of its international reputation and its role as a World Health Organization collaborating centre, hundreds of people from other provinces and other countries also seek advice and training. This partial list of visitors in 1985-86 gives an idea of the Foundation's influence beyond Ontario.

Visitors from Other Provinces

Dr. Bruce Alexander
Simon Fraser University
Burnaby, British Columbia

Dr. Alan Boulton
University of Saskatchewan
Saskatoon, Saskatchewan

Ms Lil Collins-Dooley
Collins-Dooley Psychological Services
Calgary, Alberta

Ms Jeanette Dwyer
Nova Scotia Commission on
Alcoholism and Drug Dependency
Halifax, Nova Scotia

Ms Rosemary Eddy
Alcohol and Drug Dependency
Commission of Newfoundland
and Labrador
St. John's, Newfoundland

Dr. Duncan Etches
Physician
Prince Rupert, British Columbia

Mrs. Jill French
Alcohol and Drug Dependency
Commission of Newfoundland
and Labrador
St. John's, Newfoundland

Mr. Gilles Guay
Spera Foundation Inc.
Montreal, Quebec

Dr. Ram Gupta
University of Alberta
Edmonton, Alberta

Ms Margaret Irwin
Psychologist
Vancouver, British Columbia

Dr. Aileen McConnell
Wetaskiwin General Hospital
Wetaskiwin, Alberta

Ms Carolyn Nutter
Alberta Alcoholism and Drug
Abuse Commission
Edmonton, Alberta

Prof. Ante Padjen
McGill University
Montreal, Quebec

Dr. Ernie Puil
University of British Columbia
Vancouver, British Columbia

Mr. George Skinner
Alcohol and Drug Dependency
Commission of Newfoundland
and Labrador
St. John's, Newfoundland

Dr. J.A. Steedman
Burnaby Mental Health Centre
Burnaby, British Columbia

Ms Jacie Tjandra
Social Worker
St. John's, Newfoundland

Visitors from the United States

Ms Sherrie Aitkin
C.S.R. Inc.
Washington, D.C.

Ms Jill Cannon
Social Worker
Putnam Valley, New York

Dr. Neil Carolan
Catherine McAuley Health Center
Ann Arbor, Michigan

Dr. Michael Charness
Gallo Alcohol Research Unit
University of California
San Francisco, California

Ms Ceia Colepaugh
Four Winds Hospital
Katonah, New York

Mr. Robert Denniston
National Institute of Alcohol
Abuse and Alcoholism
Rockville, Maryland

Dr. Carlo C. DiClemente
Texas Research Institute
of Mental Sciences
Houston, Texas

Dr. Larry Dupree
Florida Mental Health Institute
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ARF STAFF PUBLICATIONS

Journal Articles, Abstracts, Theses, Books, and Book Chapters

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